

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TQ		8-30-00
O.I.P.E. CLASSIFIER	PSD		9/3/00
FORMALITY REVIEW	HS	545	10-5-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	1/12/00	
2	J	J	5/16/00
3	J	J	1/12/00
4	X	J	1/12/00
5	J	J	1/12/00
6	J	J	1/12/00
7	J	J	1/12/00
8	J	J	1/12/00
9	J	J	1/12/00
10	J	J	1/12/00
11	J	J	1/12/00
12	J	J	1/12/00
13	✓	J	1/12/00
14	J	J	1/12/00
15	J	J	1/12/00
16	J	J	1/12/00
17	J	J	1/12/00
18	J	J	1/12/00
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If more than 150 claims or 10 actions  
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